## SECOND REGULAR SESSION

## **HOUSE BILL NO. 2605**

## 101ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE GREGORY (51).

5417H.01I

2

6 7

8

10

1112

13

15

17

DANA RADEMAN MILLER, Chief Clerk

## AN ACT

To amend chapter 198, RSMo, by adding thereto five new sections relating to supplemental health care services agencies, with penalty provisions.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 198, RSMo, is amended by adding thereto five new sections, to be known as sections 198.640, 198.642, 198.644, 198.646, and 198.648, to read as follows:

198.640. As used in sections 198.640 to 198.648, the following terms shall mean:

- (1) "Controlling person", a business entity, officer, program administrator, or director whose responsibilities include the direction of the management or policies of a supplemental health care services agency. The term "controlling person" also means an individual who, directly or indirectly, beneficially owns an interest in a corporation, partnership, or other business association that is a controlling person;
  - (2) "Department", the department of health and senior services;
- (3) "Health care facility", a licensed hospital defined under section 197.020 or a licensed entity defined under subdivision (6), (14), (22), or (23) of section 198.006;
- (4) "Health care personnel", any individual licensed, accredited, or certified by the state of Missouri to perform specified health services consistent with state law;
  - (5) "Person", an individual, firm, corporation, partnership, or association;
- (6) "Supplemental health care services agency" or "agency", a person, firm, corporation, partnership, or association engaged for hire in the business of providing or procuring temporary employment in health care facilities for health care personnel, including a temporary nursing staffing agency as defined in section 383.130, or that operates a digital website or digital smartphone application that facilitates the provision

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

HB 2605 2

5

6

9

10

11

12

13

18

19

20

21

23

24

25 26

27

28

29

31

18 of the engagement of health care personnel and accepts requests for health care personnel through its digital website or digital smartphone application. The term "supplemental health care services agency" or "agency" shall not include an individual 20 21 who engages, only on his or her own behalf, to provide the individual's services on a 22 temporary basis to health care facilities or a home health agency licensed under section 23 197.415.

- 198.642. 1. A person who operates a supplemental health care services agency shall register annually with the department. Each separate business location of the agency shall have a separate registration with the department. Fees collected under this 4 section shall be deposited in the state treasury and credited to the state general revenue fund.
  - 2. The department shall establish forms and procedures for processing each supplemental health care services agency registration application. An application for agency registration shall include at least the following:
  - (1) The names and addresses of each person having an ownership interest in the agency;
  - (2) If the owner is a corporation, copies of the articles of incorporation or articles of association and current bylaws, together with the names and addresses of officers and directors;
- 14 (3) Satisfactory proof of compliance with the provisions of sections 198.640 to 15 198.648;
- 16 (4) Any other relevant information that the department determines is necessary to properly evaluate an application for registration; 17
  - (5) Policies and procedures that describe how the agency's records will be immediately available at all times to the department upon request; and
  - (6) A registration fee established in rule by the department as determined to be necessary to meet the expenses of the department for the administration of the provisions of sections 198.640 to 198.648, but in no case shall such fee be less than one thousand dollars.

If an agency fails to provide the items required in this subsection to the department, the department shall immediately suspend or refuse to issue the supplemental health care services agency registration. An agency may appeal the department's decision to the administrative hearing commission under chapter 621.

3. A registration issued by the department according to this section shall be 30 effective for a period of one year from the date of its issuance, unless the registration has been revoked or suspended under the provisions of this section or unless the agency is HB 2605 3

35

36

37

2 3

4

5

7

8

10

11

12

13

14

15

16

17 18

19

20

21

22

23

25

26

27

28

29

sold or ownership or management is transferred. If an agency is sold or ownership or 32 33 management is transferred, the registration of the agency shall be void, and the new 34 owner or operator may apply for a new registration.

- 4. The department shall be responsible for the oversight of supplemental health care services agencies through annual unannounced surveys, complaint investigations, and other actions necessary to ensure compliance with sections 198.640 to 198.648.
- 198.644. 1. Each registered supplemental health care services agency shall be required, as a condition of registration, to meet the following minimum criteria, which may be supplemented by rules promulgated by the department:
- (1) Provide to the health care facility to which any temporary health care personnel are supplied documentation that each temporary employee meets all licensing or certification, training, and continuing education standards for the position in which the employee will be working;
- (2) Comply with all pertinent requirements relating to the health and other qualifications of personnel employed in health care facilities, including requirements related to background checks in sections 192.2490 and 192.2495;
  - (3) Not restrict in any manner the employment opportunities of its employees;
- (4) Carry medical malpractice insurance to insure against loss, damages, or expenses incident to a claim arising out of the death or injury of any person as the result of negligence or malpractice in the provision of health care services by the agency or by any employee of the agency;
- (5) Carry for each employee a dishonesty bond in the amount of ten thousand dollars:
- (6) Maintain insurance coverage for workers' compensation for all health care personnel provided or procured by the agency;
  - (7) File with the department of revenue:
- (a) The name and address of the bank, savings bank, or savings association in which the agency deposits all employee income tax withholdings; and
- (b) The name and address of any health care personnel whose income is derived from placement by the agency, if the agency purports the income is not subject to withholding;
- (8) Refrain in any contract with any employee or health care facility from requiring the payment of liquidated damages, employment fees, or other compensation should the employee be hired as a permanent employee of a health care facility;
- (9) Document that each temporary employee provided to health care facilities is an employee of the agency and is not an independent contractor; 30

HB 2605 4

33

34

35

40

41

43

44

45

46

47

48

51

52

53

56

57

58

59

61

62

31 (10) Retain all records for ten calendar years in a manner to allow them to be 32 immediately available to the department; and

- (11) Provide services to a health care facility during the year preceding the agency's registration renewal date.
- 2. Failure to comply with the provisions of this section shall subject the supplemental health care services agency to revocation or nonrenewal of its registration. 36 37 Any agency that has violated section 198.648 shall be subject to a fine equal to two 38 hundred percent of the amount billed or received in excess of the maximum permitted 39 under section 198.648.
  - 3. The registration of a supplemental health care services agency that knowingly supplies to a health care facility a person with an illegally or fraudulently obtained or issued diploma, registration, license, certificate, or background study shall be revoked by the department upon fifteen days' advance written notice.
  - 4. (1) Any supplemental health care services agency's registration that has been suspended or revoked may appeal the department's decision to the administrative hearing commission under the provisions of chapter 621.
  - (2) If a controlling person has been notified by the department that the supplemental health care services agency will not receive an initial registration or that a renewal of the registration has been denied, the controlling person or a legal representative on behalf of the agency may request and receive a hearing on the denial before the administrative hearing commission under the provisions of chapter 621.
  - 5. (1) The controlling person of a supplemental health care services agency whose registration has not been renewed or has been revoked because of noncompliance with the provisions of sections 198.640 to 198.648 shall not be eligible to apply for or receive a registration for five years following the effective date of the nonrenewal or revocation.
  - (2) The department shall not issue or renew a registration to a supplemental health care services agency if a controlling person includes any individual or entity that was a controlling person of an agency whose registration was not renewed or was revoked as described in subdivision (1) of this subsection for five years following the effective date of nonrenewal or revocation.
- 198.646. The department shall establish a system for reporting complaints 2 against a supplemental health care services agency or its employees. Complaints may be made by any member of the public.
- 198.648. 1. A supplemental health care services agency shall not bill or receive 2 payments from a health care facility at a rate higher than one hundred fifty percent of

HB 2605 5

18

19 20

21

22

24

25

26

the sum of the average wage rate, plus a factor to incorporate payroll taxes for the applicable employee, if necessary. The average wage rates shall be determined by the 5 department on an annual basis from the labor costs reported on the prior three years' Title XIX cost reports for all Medicaid participating facilities. "Wages" shall be defined as the hourly rate of pay calculated, including weekend shift differential and overtime, for the respective employee nursing staff on Schedule K of the Title XIX cost report form. The department shall also determine an average payroll tax factor to apply to the average wage rate based on the prior three years' average payroll tax expense as a 10 percentage of average total salaries from the Supplement to Schedule B of the Title XIX cost report. The maximum rate shall include all charges for administrative fees, contract fees, or other special charges, in addition to the hourly rates for the health care 13 personnel supplied to a health care facility. A health care facility that pays for the actual travel and housing costs for health care personnel at the facility and that pays 15 these costs to the agency employee, the agency, or another vendor shall not be considered in violation of the limitation on charges described in this subsection. 17

2. The department shall promulgates rules to implement the provisions of sections 198.640 to 198.648. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void.

✓